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application or Docket Number

| FAPPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 69 837246 | | | | | | | 46 |
|---|--|--|---------------------|----------------------------|-------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | | |
| LAIMS | 48 | | RATE | FEE |] | RATE | FEE |
| i | NUMBER FILED | NUMBER EXTRA | BASIC F | EE 355.00 | OR | BASIC FEE | 710.00 |
| CHARGEABLE CLAIMS | 48 minus 20= | · 28 | X\$ 9= | | OR | X\$18= | 504 |
| PENDENT CLAIMS | / minus 3 = | 12 | X40= | | OR | X80= | 0160 |
| LTIPLE DEPENDENT CLAIM PR | RESENT | | | | | | -7 |
| if the difference in column 1 is less than zero, enter "0" in column 2 | | +135= | | OR | +270= | 01011 | |
| | TOTAL | - L | OR | TOTAL | 2174 | | |
| (Column 1) | MENDED - PAR (Colur | mn 2) (Column 3) | SMAL | L ENTITY | OR | OTHER SMALL | |
| CLAIMS REMAINING AFTER AMENDMENT Total Independent | HIGH NUM PREVIO PAID | BER PRESENT DUSLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total * /6 | Minus ** | 8 = | X\$ 9= | | ОŖ | X\$18= | |
| Independent * ' FIRST PRESENTATION OF MU | Minus *** / | | X40= | | OR | X80= | |
| FIRST PRESENTATION OF MIC | CHIPLE DEPENDENT | CLAIM | +135= | | OR | +270= | |
| | | | TOTA ADDIT, FE | | OR | TOTAL ADDIT, FEE | |
| (Column 1) | (Colur | | | | | | |
| CLAIMS REMAINING AFTER AMENDMENT Total * [] Independent * 3 | HIGH NUMI PREVIC PAID | BER PRESENT DUSLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total * 12 | Minus ** 4 | - X | X\$ 9= | | OR | X\$18= | |
| Independent + 3 | Minus *** | <u>/S = </u> | X40= | | OR | X80= | |
| FINST PRESENTATION OF MIC | CTIPLE DEPENDENT | CLAIM | .+135= | | OR | +270= | |
| | | | TOTA ADDIT. FE | | | TOTAL ADDIT, FEE | |
| (Column 1) | (Colun | nn 2) (Column 3) | ADDIT. FE | | , | ADDIT. I EC | |
| CLAIMS REMAINING AFTER AMENDMENT | HIGHI NUME PREVIC PAID I | EST BER PRESENT DUSLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total * | Minus ** | | X\$ 9= | | OR | X\$18= | |
| Independent * | Minus *** | = | X40= | | | X80= | |
| FIRST PRESENTATION OF MU | LTIPLE DEPENDENT | CLAIM | +135= | | OR | +270= | |
| If the entry in column 1 is less than the If the "Highest Number Previously Pai "If the "Highest Number Previously Pai The "Highest Number Previously Paid | d For" IN THIS SPACE is id For" IN THIS SPACE is | less than 20, enter "20." | TÖTAL ADDIT. FEE | <u> </u> | | TOTAL ADDIT. FEE | |